

"On The Wilder Side"

Registration Form 2012

Circle one:

Session I: July 2 – 6
Session II: July 9 – 13
Session III: July 16 – 20
Session IV: July 23 – 27
Session V: July 30 – August 3
Cost: \$200.00 (city resident)
\$225.00 (non-city resident)

Make Ck. Payable to: **Next Level Adventures**
Mail to: 200 Trafton Road – Forest Park
Spfld., MA 01108

Participant Information

Last Name: _____

First Name: _____

Middle Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____

Place of Birth: _____

Gender: _____ Grade: _____

Current School: _____

Parent/Guardian Name: _____

Phone Number: _____

Cell Phone Number: _____

Email: _____



Springfield Department of Parks, Buildings & Recreation Management & Brad Miller of Next Level Adventures

Recreation Office Telephone
787-6435

Next Level Adventures Telephone
530-1301

Ethnicity:

Circle One White/Caucasian (Non Hispanic)
Hispanic/Latino
African American
African American & Hispanic
Caucasian & Hispanic
Asian
Other: _____

Home Language: _____

Family Size: _____

Emergency Contact Information

Name: _____

Relationship: _____

Phone Number: _____

Participant Pick Up Information

Please list all people who are able to pick up student
(18yrs or older)

**Participants will not be released to any individual not
listed on this form. Please notify program staff in
writing, of changes in pick up information.**

Medical Information: _____

**Please send in copy of latest physical. (Must be
within one year of dates attending program)**

How did you find out about program?

___Website ___Flyer ___Friend

___Past ___Newspaper ___Other
Participant

Parent/Guardian Permission

My child has permission to participate in activities provided by agencies participating in the Recreation/Enrichment Programs. I acknowledge that my child must follow all of the rules in order to participate. In the event that I cannot be reached in an emergency, I hereby authorize that medical/surgical treatment be administered to my child at my expense. I assume all risks and hazards incidental to and inherent in participation in this program. I hereby waive and release the City of Springfield and its officials, employees and officers from any claims that arise out of a decision to authorize medical/surgical treatment, as well as claims arising out of any personal injury or property damage related in any way to my child's participation in the program. I hereby indemnify and hold harmless those agencies or organizations providing activities for the Recreation/Enrichment Program from claims of third parties arising out of the decision to authorize medical/surgical treatment, or my child's participation in the program. My signature authorizes the Springfield School Department to release my child's SASI, State ID numbers, and necessary school documents to the REACH and or CDBG partner program network. The information gathered will be used to apply for and report in grants the city receives. My signature certifies that I have read and understood this disclaimer, and all the program rules and regulations.

I am aware that pictures of my child may be used for publicity purposes by one or more agencies and I consent to the use of such pictures.

Choose One: ___Yes ___No

Parent/Guardian Signature:

Date: _____

